

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-019852

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3093 Registrar's No. 164

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 3 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Henry</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>                         |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clinton</b>  |   | Length of stay in 1b <b>15 days</b>   | c. CITY OR TOWN <b>Montrose</b>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Clinton General Hospital</b>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                     |
| 3. NAME OF DECEASED (Type or print)<br>First <b>LEWIS</b> Middle <b>C.</b> Last <b>JOHNSON</b>  |   | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>24</b> Year <b>1963</b>   |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>8/29/1889</b>  |
| 9. AGE (last birthday) <b>73</b>  |   | IF UNDER 1 YEAR<br>Months <b>8</b> Days <b>25</b>   | IF UNDER 24 HR<br>Hours <b></b> Min. <b></b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>Henry Co., Mo.</b>   | 12. CITIZEN OF WHAT COUNTRY <b>USA</b>   |
| 13a. FATHER'S NAME <b>John Thomas Johnson</b>   |   | 13b. MOTHER'S MAIDEN NAME <b>Sarah Ann Rousch</b>   | 14. NAME OF HUSBAND OR WIFE <b>Martha Odle Johnson</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>  |   | 16. SOCIAL SECURITY NO. <b>None</b>   | 17. INFORMANT Address <b>Martha Johnson, Montrose, Mo.</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>   |   |   | INTERVAL BETWEEN ONSET AND DEATH <b>40 days</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>   |   |   |  |
| DUE TO (c) <b></b>  |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY Hour : Month, Day, Year<br>a.m. p.m.  |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 20f. CITY, TOWN, OR LOCATION  | COUNTY STATE   |
| 21. I attended the deceased from <b>5-15-63</b> to <b>5-24-63</b> and last saw <sup>her</sup> him alive on <b>5-24-63</b><br>Death occurred at <b>8:00 p</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE (Degree or title) <b>W. Bradshaw, M.D.</b>   |   | 22b. ADDRESS <b>Clinton Mo.</b>   | 22c. DATE SIGNED <b>5-27-63</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   | 23b. DATE <b>May 28, 1963</b>   | 23c. NAME OF CEMETERY OR CREMATORY <b>Montrose Cemetery</b>   | 23d. LOCATION (City, town, or county) <b>Montrose, Mo.</b>   |
| 24. FUNERAL DIRECTOR ADDRESS <b>Vansant Funeral Home, Clinton, Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG. <b>5-27-63</b>   | 26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>   |

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *H.A. Vansant*

Licensed Embalmer No. 3779

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

Permit Obtained 5-29-63  
M.B.